General Assembly **Substitute Bill No. 7069**

January Session, 2007 *____HB07069HS___041907___*

AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 17b-282b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[(a) Not later than July 1, 2004, and prior to the implementation of a state-wide dental plan that provides for the administration of the dental services portion of the department's medical assistance, the Commissioner of Social Services shall amend the federal waiver approved pursuant to Section 1915(b) of the Social Security Act. Such waiver amendment shall be submitted to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies in accordance with the provisions of section 17b-8.

(b) Prior to the implementation of a state-wide dental plan that provides for the administration of the dental services portion of the department's medical assistance program, the Commissioner of Social Services shall review eliminating prior authorization requirements for basic and routine dental services. In the event the commissioner adopts regulations to eliminate such prior authorization requirements, the commissioner may implement policies and procedures for the purposes of this subsection while in the process of adopting such regulations, provided the commissioner prints notice of intention to

adopt the regulations in the Connecticut Law Journal not later than twenty days after implementing the policies and procedures.**]**

(a) The Commissioner of Social Services shall establish a fee schedule, to be effective from October 1, 2007, to July 1, 2010, for dental services provided to children under the age of nineteen who are eligible for medical assistance under section 17b-261. The schedule shall provide for a fee for each dental service, except orthodontic services, that is equal to the seventieth percentile of normal and customary private provider fees, as defined by the National Dental Advisory Service Comprehensive Fee Report. The schedule shall provide for a fee for each orthodontic service, which may be less than the seventieth percentile of normal and customary private provider fees, as defined by the National Dental Advisory Service Comprehensive Fee Report.

(b) The Commissioner of Social Services shall evaluate whether the fee schedule established pursuant to subsection (a) of this section results in improved access to oral health care for medical assistance recipients under the age of nineteen, as measured by (1) the number of providers currently registered to provide dental services under the medical assistance program described in section 17b-261, (2) the number of medical assistance recipients under the age of nineteen currently receiving such services, (3) the increase in the number of providers registered to provide such services, (4) the increase in the number of medical assistance recipients under the age of nineteen receiving such services, (5) the number of new providers registered to provide such services, and (6) the number of medical assistance recipients under the age of nineteen receiving such services from newly registered providers. The commissioner shall submit a report of the evaluation, along with any recommendations, not later than December 31, 2009, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health, in accordance with the provisions of section 11-4a.

Sec. 2. Section 17b-296 of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective from passage*):

(a) Each managed care plan shall include sufficient numbers of appropriately trained and certified clinicians of pediatric care, including primary, medical subspecialty and surgical specialty physicians, as well as providers of necessary related services such as dental services, mental health services, social work services, developmental evaluation services, occupational therapy services, physical therapy services, speech therapy and language services, school-linked clinic services and other public health services to assure enrollees the option of obtaining benefits through such providers.

(b) Each managed care organization that on or after October 1, 2001, enters into a contract with the department to provide comprehensive services under the HUSKY Plan, Part A or the HUSKY Plan, Part B, or both, shall have primary responsibility for ensuring that its behavioral health and dental subcontractors adhere to the contract between the department and the managed care organization, including the provision of timely payments to providers and interest payments in accordance with subdivision (15) of section 38a-816. The managed care organization shall submit to the department a claims aging inventory report including all data on all services paid by subcontractors in accordance with the terms of the contract with the department.

(c) Upon the initial contract or the renewal of a contract between a managed care organization and a behavioral health or dental subcontractor, the department shall require that the managed care organizations impose a performance bond, letter of credit, statement of financial reserves or payment withhold for behavioral health and dental subcontractors that provide services under the HUSKY Plan, Part A or the HUSKY Plan, Part B, or both. Any such performance bond, letter of credit, statement of financial reserves or payment withhold that may be required by the department pursuant to a contract with a managed care organization shall be in an amount sufficient to assure the settlement of provider claims in the event that the contract between the managed care organization and the

behavioral health or dental subcontractor is terminated. Upon the initial contract or the renewal of a contract between a managed care organization and a behavioral health or dental subcontractor, the managed care organization shall negotiate and enter into a contract termination agreement with its behavioral health and dental subcontractors that shall include, but not be limited to, provisions concerning financial responsibility for the final settlement of provider claims and data reporting to the department. The managed care organization shall submit reports to the department, at such times as the department shall determine, concerning any payments made from such performance bond or any payment withholds, the timeliness of claim payments to providers and the payment of any interest to providers.

(d) Prior to the approval by the department of a contract between a managed care organization and a behavioral health and dental subcontractor for services provided under the HUSKY Plan, Part A or the HUSKY Plan, Part B, or both, the managed care organization shall submit a plan to the department for the resolution of any outstanding claims submitted by providers to a previous behavioral health or dental subcontractor of the managed care organization for services provided to members enrolled in the HUSKY Plan, Part A or the HUSKY Plan, Part B, or both. Such plan for the resolution of outstanding claims shall include a claims aging inventory report and shall comply with the terms of the contract between the department and the managed care organization.

(e) The Commissioner of Social Services shall establish a fee schedule, to be effective from October 1, 2007, to July 1, 2010, for dental services provided under the HUSKY Plan Part A or the HUSKY Plan, Part B, or both, to children under the age of nineteen. The schedule shall provide for a fee for each dental service, except orthodontic services, that is equal to the seventieth percentile of normal and customary private provider fees, as defined by the National Dental Advisory Service Comprehensive Fee Report. The schedule shall provide for a fee for each orthodontic service, which may be less than

the seventieth percentile of normal and customary private provider fees, as defined by the National Dental Advisory Service Comprehensive Fee Report.

(f) Beginning on October 1, 2007, each managed care organization or dental subcontractor providing dental services under the HUSKY Plan, Part A or the HUSKY Plan, Part B, or both, shall reimburse its dental providers for services provided to children under the age of nineteen in accordance with the fee schedule established pursuant to subsection (e) of this section.

(g) The Commissioner of Social Services shall evaluate whether the fee schedule established pursuant to subsection (e) of this section results in improved access to oral health care for enrollees under the age of nineteen, as measured by (1) the number of providers currently registered to provide dental services under the HUSKY Plan, Part A or the HUSKY Plan, Part B, (2) the number of enrollees under the age of nineteen currently receiving such services, (3) the increase in the number of providers registered to provide such services, (4) the increase in the number of enrollees under the age of nineteen receiving such services, (5) the number of new providers registered to provide such services, and (6) the number of enrollees under the age of nineteen receiving such services from newly registered providers. The commissioner shall submit a report of the evaluation, along with any recommendations, not later than December 31, 2009, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health, in accordance with the provisions of section 11-4a.

Sec. 3. (NEW) (*Effective from passage*) Not later than January 1, 2008, the Commissioner of Public Health shall appoint a regional oral health coordinator for up to six regions of the state with limited or no oral health programs in order to expand dental services to populations with restricted access to dental care. All regional oral health coordinators shall be dental hygienists licensed to practice under chapter 379a of the general statutes. Regional oral health coordinators

shall be responsible for helping parents or legal guardians secure dental care for children residing in such regions who have been identified as needing dental care by medical, dental or school personnel.

Sec. 4. (NEW) (*Effective July 1, 2007*) There is established, within the Department of Public Health, an Office of Oral Public Health. The director of the Office of Oral Public Health shall be an experienced public health dentist licensed to practice under chapter 379 of the general statutes and shall:

(1) Coordinate and direct state activities with respect to state and national dental public health programs;

(2) Serve as the department's chief advisor on matters involving oral health; and

(3) Plan, implement and evaluate all oral health programs within the department.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	17b-282b
Sec. 2	*from passage*	17b-296
Sec. 3	*from passage*	New section
Sec. 4	*July 1, 2007*	New section

PH *Joint Favorable Subst.*

HS *Joint Favorable*